

# PART B—ISSUE FEE TRANSMITTAL

242-625  
561-3000

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

## 1. CORRESPONDENCE ADDRESS

FISH & RICHARDSON P.C.  
4225 EXECUTIVE SQUARE  
SUITE 1400  
LA JOLLA, CALIFORNIA 92037

18N2/0611

## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

RECEIVED  
Publishing Division

SEP 16 1996

GP

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/286,690 02/10/95 010 SPECTOR 1812 06/11/96

First Named  
Applicant

GROTENDORST

GARY R.

TITLE OF  
INVENTION **POLYNUCLEOTIDES**

**POLYPEPTIDES ENCODING CONNECTIVE TISSUE GROWTH FACTOR**  
(AS AMENDED)

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

PD-4129

435-252.300

A86

UTILITY

YES

\$625.00

09/11/96

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Fish & Richardson P.C.

2 \_\_\_\_\_

3 \_\_\_\_\_

DO NOT USE THIS SPACE

910 BL 09/25/96 08386430

1 242

625.00 CK

1 541

30.00 CK

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

University of South Florida

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Tampa, Florida

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

6b. The following fees should be charged to:

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Lisa A. Haile

(Date)

9/11/96

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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242-625  
561-3000

1. CORRESPONDENCE ADDRESS

18N2/0611

FISH & RICHARDSON P.C.  
4225 EXECUTIVE SQUARE  
SUITE 1400  
LA JOLLA, CALIFORNIA 92037

*Handwritten signature and initials*

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
00/386,688	02/10/95	010	SPECTOR, L	1812 06/11/96
First Named Applicant: GROTEENDORST, GARY R.				

TITLE OF INVENTION: **POLYNUCLEOTIDES**  
**POLYPEPTIDES ENCODING CONNECTIVE TISSUE GROWTH FACTOR**  
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
PP 4129	435-252.200	ASC	UTILITY	YES	\$625.00	09/11/96

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *[Signature]*  
 Lisa A. Haile

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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